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PATENT APPLICATION FEE DETERMINATION RECOR							09936726					
OT 9 90 7 2 9 OTHER THAN												
CLAIMS AS FILED - PART I (Column I) (Column 2)							LL EI	NTITY	OR	SMALL E		
FOR		NUMB	NUMBER FILED NUMBER		EXTRA	RATE FEE		FEE		RATE	FEE	
	SIC FEE CFR 1.16(n))		to The Life					s430	OR		s	
TOT	AL CLAIMS CFR 1.16(c))	4	4/ minus 20 = * . 2/			x \$	=	189,-	OR	x \$_ ==		
INDEPENDENT CLAIMS 2 minus 3 = *				х	<b></b>		OR	x=				
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))						+_	_ "	135,-	OR	+=		
If the difference in column 1 is less then zero, enter "0" in column 2							TOTAL			TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA'	re	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ()7 CFR 1.16(c))	*	Minus	**	<b>7</b>	x \$	_=	0	OR	x \$=		
	Independent (37 CFR 1.16(b))	•	Minus	***	=	x	=	0	OR OR	x=		
	FIRST PRES	ENTATION OF N	ULTIPLE DE	PENDENT CLAIM	(17 CFR 1.16(d))	]  +_	_=		OR	+=		
(Column 1) (Column 2) (Column 3)						TOT ADDIT. F			OR A	TOTAL DDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA'	re	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x s	_=		OR OR	× \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	=		OR	x=		
¥		SENTATION OF N	AULTIPLE DE	PENDENT CLAIM	(37 CFR 1.16(d))	]	_=	•	OR	+=		
(Column 1) (Column 2) (Column 3)						TO ADDIT.	TAL FEE		OR <sub>A</sub>	TOTAL DDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	ТЕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1,16(c))	*	Minus	**		x \$	=		OR OR	x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=				OR	x =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR	<u>+</u> =		
+ 11	the entry in colu	mn I is less than th	e entry in colur	nn 2, write "0" in colu	mn 3.	ADDIT.	TAL FEE		OR	TOTAL IDDIT. FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".												

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column I.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Palents, Washington, DC 20231.